1101 But	ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING B. WING		COMPLI	2/2009	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		2.200
FAMILY I	HEALTHCARE SERV	ICES		HARLESTO AS, NV 8910	N BLVD., SUITE 150		
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H 00	INITIAL COMMEN	TS		H 00			
	This Statement of I the result of a State from May 21, 2009	Deficiencies was gen e licensure survey co to May 22, 2009.	erated as nducted	Œ.			
	accordance with Cl Agencies, adopted	survey was conduct hapter 449, Home He by the State Board of 3, last amended Nove	ealth of Health				
	by the Health Division prohibiting any crimactions or other cla	onclusions of any invoice shall not be consing a civil investigatims for relief that marty under applicable f	rued as tions, y be			15	
	The census was 12 Fifteen patient files						
	The POC must rela and prevent such of intended completion	n (POC) must be sub ate to the care of all p occurrences in the fut in dates and the mec are ongoing complian	atients ure. The hanisms	127 24		RECEIVED	ii .
	Monitoring visits managements on-going compliant requirements.	ay be imposed to ens ce with regulatory	sure		BUR	JUN 1 9 2009 EAU OF LICENSURE AND CERTIFICATION LAS YEGAS, NEVADA	
	The following regul identified:	atory deficiencies we	re		Tag H152 – 449.782	2 Personnel Policies	
H152	policies concerning	ncy shall establish w		H152		actions will be those individuals found t ed by the deficient	o .

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TATEMENT OF DEFICIENCIES IND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE		(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SUI COMPLET	
IND PLAN OF CORRECTION IDENTIFICATION NUMBER:		MDEK.	A. BUILDIN	IG		
	NVS538HHA		B. WING _		05/22	/2009
IAME OF PROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY,	STATE, ZIP CODE		
FAMILY HEALTHCARE SERVI	CES		HARLESTO AS, NV 891	ON BLVD., SUITE 150 02		
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H152 Continued From page	ge 1		H152	Continued from Page 1 H	<u>52 449-782</u>	
each type of person required by law. The reviewed as needed members of the star The personnel police 6. The maintenance confirm that person This Regulation is respectively.	e written policies mud I and made available If and the advisory g ies must provide for e of employee record nel policies are follo	est be e to the groups. : ds which wed;		The prints were sent to the for Nevada Records of Cri May 22, 2009 after confin Repository that they would 2. How will you identify a having the potential to be deficient practice and what will be taken.	minal History on ning with the daccept them. other individuals affected by the same	8
Initial and periodic in history of employee certain agency of fa	or independent con cility.	tractor of		Audit of all current emplo completed. Any deficience re-fingerprinted and submath Repository for Nevada Re History.	ies will be promptly itted to the Central	
operate, an agency services in the home care, a facility for sk facility for groups sh history of each emp contractor who work investigated at least administrator or per	to provide personal e, a facility for interridiled nursing or a rehall ensure that the cloyee or independence at the agency or to once every 5 years	care nediate sidential criminal nt facility is		Attachment 1 – Fingerpring 3. What measures will be what systematic changensure that the deficient recur? New process initiated fingerprints:	put into place or es will you make to nt practice does not for tracking of	
(a) If the agency or fingerprints of the econtractor on file, of from the employee	mployee or indepen btain two sets of fing	dent gerprints		FHS from the Unite HealthCare/Nevada	es Director will y of the new hires for ed a HR Department.	
(b) Obtain written a employee or indepe the fingerprints on fi paragraph (a) to the Nevada Records of	endent contractor to ile or obtained purs e Central Repository	forward uant to r for		b) All of the employed Fingerprint Tracking. c) During employee of employee will sign Criminal History; of the interior to the contraction of the contraction of the contraction.	ng Audit sheet. orientation, the the Statement of obtain Agency	13
submission to the F for its report; and (c) Submit the finge Repository for Neva	ederal Bureau of In	vestigation al		authorization to hat completed at vendo complete the finger days.	or with direction to	

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Bureau of Health Care Quality & Comp. . . ce STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING **NVS538HHA** 05/22/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1701 W. CHARLESTON BLVD., SUITE 150 **FAMILY HEALTHCARE SERVICES** LAS VEGAS, NV 89102 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) H152 H152 Continued From page 2 Continued from Page 2 H152 449-782 d) The vendor then completes the fingerprinting and submits to the Based on employee file review and staff interview, the facility failed to comply with NRS Repository. 449.179 for 1 of 19 sampled employees (#13). e) The employee brings two fingerprint cards to the Administrative Assistant Findings include: once the fingerprinting is completed. f) The Administrative Assistant tracks the Record review of Employee #13's file revealed. fingerprinting process until the State Employee #13 was hired on 11/13/08. Employee and FBI results are received. If there is #13's file did not have results of fingerprint a delay, these Agencies are contacted. background check as required by NRS 449.179 g) Once the results from both Agencies are (3).received, the information is entered into an electronic database to track the date Interview with the agency's President on 5/20/09 to redo at 5 years. At that point the revealed, Employee #13's fingerprints were process listed above recurs. completed but were not mailed out. The agency's President was unable to verbalize why the cards h) Weekly, the Administrative Assistant were not sent to the Central Repository. will notify the Professional Services Director of any delay in compliance with the above time frame. Severity: 2 Scope: 3 Continued in Attachment 1 H167 449,788 Services to Patients H167 Tag H167 – 449.788 Services to Patient 1. What corrective actions will be Services must be supplied only by qualified personnel and under the supervision of a accomplished for those individuals found to physician licensed to practice in this state. have been affected by the deficient Qualifications include licensure, registration, practice? certification or their equivalent, as required by Patient #14. Orders will be reviewed and state or federal law, for each of the following reprinted with the respective RNs title and disciplines: sent to the physician for review. The RN (a) The professional registered nurse must Manager will document in a clinical note hold a state license. those entries that were not signed giving the (b) The practical nurse must hold a state title of the respective RN and reason the license title did not appear previously. (c) The home health aide must hold a 2. How will you identify other individuals certificate as a nursing assistant issued by the having the potential to be affected by the state board of nursing. same deficient practice and what corrective (d) The physical therapist must be registered action will be taken. in this state.

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

PRINTED: 06/08/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING NVS538HHA 05/22/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1701 W. CHARLESTON BLVD., SUITE 150 **FAMILY HEALTHCARE SERVICES** LAS VEGAS, NV 89102 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG **DEFICIENCY**) Continued from Page 3 H167 449-788 H167 Continued From page 3 H167 a) A review of the computer resource section was completed for all new staff (e) The occupational therapist must meet the data entered into the system beginning requirements of the American Occupational 2009. There was a computer error with Therapy Association or the equivalent thereof. (f) The speech therapist must hold a attaching nursing titles to the clinician's certificate from the American Speech and name. The error has been corrected, Hearing Association or the equivalent thereof. tested and resolved. (g) The social worker must be licensed b) A query will be developed on all pursuant to chapter 641B of NRS. clinicians listed in the resource section (h) The nutritionist must have a bachelor of of the electronic medical record system science degree in home economics in food and (EMR) to identify any missed title nutrition or the equivalent thereof. attachments to the name. This will (i) The inhalation therapist must be registered correct the issue with the electronic by the American Association of Inhalation signature. Therapists or the equivalent thereof. c) Corrections will be made to any This Regulation is not met as evidenced by: clinician title not noted correctly. Based on record review, the Nurse Practice Act 3. What measures will be put into place or and staff interview, the agency nurse failed to what systematic changes will you make to identify herself by her appropriate title in 2 of 15 ensure that the deficient practice does not patient records (#14 and #11). Findings include: a) All new employee names and titles will be entered by the QI Reports The agency admitted Patient #14 on 5/8/09. Coordinator into the Resource section of Patient #14's diagnoses included antepartum the EMR system during the new diabetes and asthma. employee's general orientation. b) When the new employee attends A skilled nurse completed an assessment for an computer training for utilization of the initial visit on 5/8/9, a progress note on 5/8/09, a EMR system, the employee will be routine visit on 5/13/09, a progress note on required to pull themselves up from the 5/16/09, and a routine visit on 5/19/09. resource section to verify all entries are completed on the basic screen. On 5/22/09 in the morning, clerical staff indicated c) When the new employee completes

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the skilled nurse was a registered nurse.

nurse's signature.

NAC 632.249

The five instances of documentation listed above

failed to indicate a licensed title after the skilled

1. Each registered nurse, licensed practical

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If continuation sheet 4 of 16

orders and/or plan of care, the electronic signature will be reviewed by the

Clinical Review Specialist to ensure the

clinician's signature and title has been

captured.

Bureau o	of Health Care Quali	y & Complicate					
	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING	PLE CONSTRUCTION G	(X3) DATE SURVE COMPLETED	:	
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NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	STATE, ZIP CODE		
FAMILY	HEALTHCARE SERV	CES		HARLESTO S, NV 8910	N BLVD., SUITE 150 02		
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H167	Continued From pa	ge 4		H167	Continued from Page 4 H167 4	49-788	
	and nurse certified identify himself by ha. When he records The same registers expected outcome	sing assistant, nursing in an advanced specials appropriate title: information on a read nurse above signer on a plan of care for the skilled nurse's signer and the skilled nurse signer and the skilled nurse's signer and skilled nurse's signer and skilled nurse's signer and skil	ialty shall cord; d an Patient		d) A signature/title guideline verification developed to address the new clinicians to choose the name signature when notes are enservice will be provided to staff for review of the signature. This guideline we to Clinical Orientation for a	ed for all ne/added tered. An in all clinical ture/title rill be added	
	Severity: 1, Scope:	1			employees. Continued in Attachment 2	*****	
H180	H180 449.793 Evaluation by Governing Body 6. The governing body shall provide for a quarterly review of 10 percent of the records of patients who have received services during hte preceding 3 months in each services area. The members of the committee must include an administrative representative, a physician, a registered nurse and a clerk or librarian who keeps records. The clerk or librarian shall review the clinical records to ensure that they are complete, that all forms are properly filled out and that documentation complies with good medical practices. The committee shall determine whether the services have been provided to the patients in an adequate and appropriate manner by all levels of service. The committee shall record any deficiencies and make necessary recommendations to the administrator. If the branch offices are small, two or more offices may establish one committee to review cases from each are. Each subunit agency must establish a committee to review cases within its area. Minutes of the committee's meetings must be documented and available for review. This Regulation is not met as evidenced by: Based on record review and staff interview, the agency failed to provide documented evidence it		H180	Tag H180 – 449.793 Evaluation Governing Body 1. What corrective actions will be accomplished for those individed have been affected by the defice practice? All patients in the Agency work affected by this practice; therefore corrective actions listed in number will be applied to all patients of 2. How will you identify other inchaving the potential to be affected by this practice and what action will be taken. All patients in the Agency work affected by this practice; therefore corrective actions listed in number will be applied to all patients of 3. What measures will be put into what systematic changes will yensure that the deficient practice recur? New audit selection process in	tuals found to ient ald be fore, the aber 3 below f the agency. dividuals at corrective ald be fore, the aber 3 below of the agency. I below of the agency.		
f deficiencie STATE FOR		plan of correction must be			ter receipt of this statement of deficience 58BW11	es. If continuation si	heet 5 of 16

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Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING_ NVS538HHA 05/22/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1701 W. CHARLESTON BLVD., SUITE 150 **FAMILY HEALTHCARE SERVICES** LAS VEGAS, NV 89102 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) Continued from Page 5 H180 - 449.793 H180 Continued From page 5 H180 a) Between the fifth and the seventh day reviewed 10% of patient records in each service of the month; a report will be generated area for the first quarter of 2009. from the electronic medical record system for audit selection. The report Findings include: will provide all services and patient names. On 5/22/09 at 2:30 PM, the Professional Services b). A 10 % audit selection will be randomly Director (PSD) provided the following audit pulled from each service, by selecting information for the first quarter of 2009: social every tenth name down the list. services, regulatory review, and wound indicator. c) The total number of patients receiving services will be documented on a On 5/22/09 at 4:30 PM, The PSD failed to monthly audit selection table. indicate how the agency met the required review of 10% of patient records in each service area in d) Each quarter, the QI department will provide a report to the Performance relation to its census for the first quarter of 2009. Leadership, the Professional Advisory The information the PSD presented lacked Group and the Board of Directors documented evidence demonstrating the agency documenting the result of the audit of reviewed 10% of patient records in each service 10% of patient records in each service area in relation to its census for the first quarter of 2009. e) The monthly audit selection will be attached to the Quarterly QI Report and On 5/22/09 at 4:35 PM, the Administrator failed to filed in the QI department. indicate how the agency met the required review • Attachment 3 — Monthly Discipline of 10% of patient records in each service area in Audit Selection relation to its census for the first quarter of 2009. Continued in Attachment 3 Severity: 1 Scope: 3 H186 449,797 Contents of Clinical Records H186 Tag H186 – 449.797 Contents of Clinical Records Clinical records must contain: 3. A clinical summary from the hospital, skilled 1. What corrective actions will be nursing facility or other health service facility from accomplished for those individuals found to which the patient is transferred to the home have been affected by the deficient health agency. practice? This Regulation is not met as evidenced by: FHS Health Information Management Based on policy review, record review and staff (HIM) will request the discharge interview, the agency files lacked a history and summaries for patients 2, 4, and 11. physical and/or clinical summary from discharging facilities for 3 of 15 patients (#2, #4, deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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JUN 1 9 2009

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Bureau of Health Care Quality & Compliance

STATEMENT	OF	DEFICI	ENCIES
AND PLAN O	E CO	ORREC'	TION

(X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:**

(X2) MULTIPLE CONSTR	UCTION
A. BUILDING	

(X3) DATE SURVEY COMPLETED

NVS538HHA

B. WING

05/22/2009

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

1701 W. CHARLESTON BLVD., SUITE 150

FAMILY	HEALTHCARE SERVICES		AS, NV 891	DN BLVD., SUITE 150 02	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H186	Continued From page 6		H186	Continued from Page 6 H186-449.797	
	and #11). Findings include:			How will you identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken.	
	According to agency Policy #7.012 (effect 2/21/01) Contents Of The Clinical Recompatient's file should include "information whether home health services are after hospitalization in a hospital, skilled nursing or other health service facility and, if so, of admission and discharge from these for Patient #2, #4, and #11 look	d, a as to ng facility the dates acilities."		Due to previous FHS process, all current patients have the potential to be affected; therefore, all files will be reviewed and appropriate clinical summary requested. 3. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?	ge.
	The files for Patient #2, #4, and #11 lack histories and physicals and/or clinical su from their discharging facilities.			New process for requesting clinical summaries initiated.	
	On 5/22/09 in the afternoon, interview wi clerical staff indicated Patient #2, #4, and lacked outstanding histories and physical clinical summaries.	d #11		a) The HIM Specialist will review all documents received with referral. b) If clinical summary received, HIM Specialist will note in EMR task that it was received.	
.				Continued in Attachment 4	
	Severity: 2 Scope: 1			**************************	
H190	449.797 Contents of Clinical Records		H190	Tag H190 – 449.797 Contents of Clinical Records	
	7. Therapist's notes, if applicable, stating rehabilitative procedures, progress and duration and frequency of the modalities rendered. This Regulation is not met as evidenced Based on record review, policy review as interview, the agency failed to provide pl therapy documentation for 2 of 15 patier and #12).	the types, d by: nd staff nysical	s.	What corrective actions will be accomplished for those individuals found to have been affected by the deficient practice? Patient #9: Patient is discharged from service. The Physical Therapist involved will write a detailed progress note to explain the deficits related to physical therapy omissions and document the respective plan of care which was omitted.	
:	Findings include:	/00		These documents will be given to the physician in person by the physical	
	The agency admitted Patient #9 on 1/21 Patient #9's diagnoses included status p s are cited, an approved plan of correction must be	ost motor	,		

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If continuation sheet 7 of 16



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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB		(X2) MULTIF A. BUILDING B. WING	3	CONSTRUCTION	(X3) DATE SU COMPLET	red
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FAMILY	HEALTHCARE SERV			AS, NV 8910		LVD., SUITE 150		
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H190	Continued From pa	age 7		H190		Continued from Page 7 H190-4		
	vehicle accident wi	th bilateral ankle fractu	res, gait			therapist to further explain the involved.	issues	
. 17	physical therapy every physical therapy every physical therapy 3/31/09, 4/8/09, 4/1	t #9's plan of care indic	ridence /09, ch visit			Patient # 12 Patient discharged therapy as of May 18 th . There visits for May 12 th and May 15 medical record. The clinician is completed these two visits but been received by the office on Survey. The Physical Therapis progress note to the physician t for the missed visits the w/o M 10 th .	currently are th in the had they had not the date of st will write a to account	36
,		I nurse indicated Patie herapy visits three time			2.	How will you identify other ind having the potential to be affect same deficient practice and what action will be taken.	ted by the	
1	recertified Patient therapy. On 5/22/09 in the rape the following docur	ed nurse indicated the a #9 to continue with phy morning, Patient #9's fil mented evidence for th	sical le lacked			Audit EMR Projected Visits rejidentify patients who currently and orders that may be deficient respective Physical Therapist we contacted to secure the correct documentation.	have visits it. The	
	1. A physical thera 3/22/09 2. Physical therapy 5/22/09 3. Physician orders frequency 4. A physical thera On 5/22/09 during the Professional S	3/22/09 to 5/20/09: py evaluation ordered of visits dated from 4/14 is for physical therapy visits py discharge summary an interview in the moreovices Director and cliphysical therapist resp	/09 to isit / ming, erical		3.	What measures will be put into what systematic changes will ye ensure that the deficient practic recur? The Physical Therapist, Lead a Administrative Coordinator Sr. the Projected Visits Report to a submission of documentation of the Agency. Through the Elect Medical Record, the Projected Report monitors the submission documentation. The following	nd the will utilize oversee the of services to tronic Visits n of	

if deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

for the four items above would try to deliver the above documented evidence regarding physical

The agency admitted Patient #12 on 4/25/09.

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therapy services.

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be initiated:

a) The Administrative Coordinator Sr. will monitor the orders for services by physical

therapy to assure all cases are initiated

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05/22/2009

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING __

(X3) DATE SURVEY COMPLETED

NVS538HHA

STREET ADDRESS, CITY, STATE, ZIP CODE

1701 W. CHARLESTON BLVD., SUITE 150 LAS VEGAS, NV 89102

FAMILY HEALTHCARE SERVICES

NAME OF PROVIDER OR SUPPLIER

Patient # fracture, cancer. On 4/25/ twice we 5/3/09 ar Patient # physical discontine Physical and disc On 5/22/ staff indi Patient # "what yo more co Agency revised ! record s applicab progress the mod The age Records indicated complete	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
synchro	ntinued From page 8 tient #12's diagnoses included pathological hip cture, total hip fracture, and bone/breast neer. 4/25/09, Patient #12's plan of care indicated ce weekly physical therapy visits between 1/09 and 5/16/09. tient #12's file lacked documented evidence of visical therapy visits or a physician's order continuing them between 5/3/09 and 5/16/09. ysical therapy documented a visit on 5/18/09 and discharged Patient #12. 15/22/09 at 2:00 PM, interview with clerical off indicated the following when asked about tient #12's missing physical therapy visits: that you have is what we have. There aren't any ore copies." Interception of the patient's clinical cord should include therapists' notes, if plicable, stating the rehabilitative procedures, orgess and the types, duration and frequency of a modalities rendered." The agency's policy "Entries Into Clinical cords", effective 4/1/99 and revised 3/1/06, dicated "the visit documentation will be mpleted the day of care provided to the patient. Inotes will be written and/or data entered, and inchronized at the end of shift."	H190	Continued from page 8 H190-449.797 within the appropriate time frames and assure there is documentation of any delay in service with notification to the physician. b) The Lead Physical Therapist and/or Administrative Coordinator Sr. will review the Projected Visits Report twice weekly to assure all documentation of visits, per the plan of care have been submitted to the agency; if there is evidence that the plan of care was altered, the physician will be notified. 4. How will the corrective action be monitored to ensure the deficient practice will not recur? What quality assurance program will you put in place? The 10 % audit of the physical therapy services will include the physician orders including submission of documentation. This documentation will be submitted monthly to the Performance Improvement Leadership, PAG quarterly and the Board of Directors at least annually. 5. Responsible Party: Professional Services Director 6. Anticipated date of completion: July 15, 2009 **********************************	
	9.800 Medical Orders	H195	accomplished for those individuals found to have been affected by the deficient practice?	

f deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

05/22/2009

NVS538HHA

B. WING STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

1701 W. CHARLESTON BLVD., SUITE 150

		GAS, NV 89102			
PREFIX (EACH DEFICIENCY MUST BE PRECEDED B			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
orders for skilled nursing an d other the services submitted by telephone must recorded before they are carried out A orders must bear the signature of the pwho initiated the order within 20 working after receipt of the oral order. This Regulation is not met as evidence Based on clinical record review and agreview, the agency failed to obtain signal.	be all medical ohysician and days all by: pency policy natures	H195	Continued from Page 9 H195-449.800 The 20 working days time from to have the orders signed for both patient's #5 and #10 has passed so restitution cannot be made. 2. How will you identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken. HIM Supervisor will have a query developed to identify all patient's whose		
within 20 working days on a physician's 2 of 15 patients (#5 and #10). Findings include: The agency admitted Patient #5 on 5/2 Patient #5's diagnoses included vascu status post venous catheter, lower extinuous thrombosis/embolism, peripheral disease, hypertension, and diabetes. On 5/21/08, the agency initiated Patier of care. The agency failed to receive the	21/08. lar graft, remity deep vascular		orders are greater than the 20 working day period to determine the number of current clients who are affected by this deficient practice. All of the physicians who are non-compliant with this deficient practice will be contacted by the HIM Supervisor to assure the compliance. Any physicians who remain consistently deficient will be brought to the attention of the Manager of HIM and the Administrator for further action. 3. What measures will be put into place or		
physician's signature on the plan of ca 6/30/08. On 5/21/09 in the afternoon, Patient # contained verbal orders for physical the treatments initiated on 3/19/09 and 3/2 orders lacked a physician's signature. According to the agency's policy "Contained Clinical Record" guideline, effective and revised 5/27/08, the clinical record include "legible, complete and individual diagnostic and therapeutic orders sign physician within 20 working days (cross Policy #3-002 and 4-003)."	10's file erapy 22/09. Both tents Of ve 2/21/01 d should alized led the	X	what systematic changes will you make to ensure that the deficient practice does not recur? a) The cover letter that accompanies all documents has been revised to make physicians aware that all documents need to be signed, dated and returned within 20 days per state regulations. b) The Orders Audit report will be monitored weekly to ensure timeliness of all documents. c) Physicians signing electronically will be notified via email or phone call if orders are not being returned in a timely manner.		
Severity: 1 Scope: 1			Continued in Attachment 5		

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PRINTED: 06/08/2009 FORM APPROVED Bureau of Health Care Quality & Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING **NVS538HHA** 05/22/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1701 W. CHARLESTON BLVD., SUITE 150 **FAMILY HEALTHCARE SERVICES** LAS VEGAS. NV 89102 PROVIDER'S PLAN OF CORRECTION **SUMMARY STATEMENT OF DEFICIENCIES** ID (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) H198 Continued From page 10 H198 Tag H198 - 449.800 Medical Records H198 449.800 Medical Orders H198 1. What corrective actions will be accomplished for those individuals found to 6. Specific orders must be given for: have been affected by the deficient (a) Rehabilitative and restorative care such as physiotherapy; (b) Skilled nursing and home health aide Patient #9: Patient is discharged from service. The Physical Therapist involved (c) Nutritional needs; will write a detailed progress note to (d) The degree of activity permitted; explain the deficits related to physical (e) Dressings and the frequency of change; therapy omissions and document the (f) The instruction of a member of the family respective plan of care which was omitted. in technical nursing procedures; and These documents will be given to the (g) Any other items necessary to complete a physician in person by the physical specific plan of treatment for the patient. therapist to further explain the issues This Regulation is not met as evidenced by: involved. Based on record review and staff interview, the Patient # 10 Restitution was completed by agency failed to provide documented evidence of notification of the physician of the delay in a physician's order for physical therapy visits/visit orders with the correct orders obtained. frequency for 2 of 15 patients (#9 and #10). 2. How will you identify other individuals having the potential to be affected by the Findings include: same deficient practice and what corrective action will be taken. The agency admitted Patient #9 on 1/21/09. Patient #9's diagnoses included status post motor Audit EMR Projected Visits report to vehicle accident with bilateral ankle fractures, gait identify patients who currently have visits abnormality, and pregnancy. and orders that may be deficient. The respective Physical Therapist will be On 3/22/09, Patient #9's plan of care indicated a contacted to secure the correct physical therapy evaluation. documentation. 3. What measures will be put into place or Patient #9's file contained documented evidence what systematic changes will you make to

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of physical therapy visits on 3/24/09, 3/26/09,

visits to continue.

weekly.

3/31/09, 4/8/09, 4/10/09, and 4/13/09. Each visit

On 4/8/09, a skilled nurse indicated Patient #9

received physical therapy visits three times

document indicated twice weekly physical therapy

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recur?

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ensure that the deficient practice does not

Administrative Coordinator Sr. will utilize the Projected Visits Report to oversee the

submission of documentation of services to

The Physical Therapist, Lead and the

the Agency. Through the Electronic

05/22/2009

Bureau of Health Care Quality & Compliance

STATEMENT	OF	DEFIC	ENCIES
AND PLAN O	F CO	ORREC	TION

NAME OF PROVIDER OR SUPPLIER

(X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:**

X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
A. BUILDING	_
R MING	i

NVS538HHA

FAMILY HEALTHCARE SERVICES

STREET ADDRESS, CITY, STATE, ZIP CODE

1701 W. CHARLESTON BLVD., SUITE 150 LAS VEGAS. NV 89102

L-MANC 1	LAS	VEGAS, NV 891	02	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H198	Continued From page 11 On 5/19/09, a skilled nurse indicated the agent recertified Patient #9 to continue with physical therapy. On 5/22/09 in the morning, Patient #9's file lad documented evidence of a physician's order for physical therapy visit frequency for the certification period 3/22/09 to 5/20/09. On 5/22/09 in the morning during an interview the Professional Services Director and clerical staff indicated the physical therapist responsition for the lack of a physician's order above would	H198 cked or	Continued from Page 11 H198 449.800 Medical Record, the Projected Visits Report monitors the submission of documentation. The following process will be initiated: a) Administrative Coordinator Sr. will monitor the orders for services by physical therapy to assure all cases are initiated within the appropriate time frames and assure there is documentation of any delay in service with notification to the physician.	
	to deliver the above documented evidence regarding physical therapy services. On 5/22/09 at 2:00 PM, during an interview the clerical staff indicated the following when aske about the above missing physician's order: "wyou have is what we have. There aren't any mocopies." The agency admitted Patient #10 on 3/16/09. Patient #10's diagnoses included systemic lungerythematosus, myalgia, pericardial disease, a hypertension. Patient #10's file contained a physician's orde twice weekly physical therapy visits between	ed hat nore ous and	 b) Lead Physical Therapist and/or Administrative Coordinator Sr. will review the Projected Visits Report twice weekly to assure all documentation of visits per the plan of care have been submitted to the agency; if 4. How will the corrective action be monitored to ensure the deficient practice will not recur? What quality assurance program will you put in place? The 10 % audit of the physical therapy services will include the physician orders including submission of documentation. This documentation will be submitted monthly to the Performance Improvement 	
	twice weekly physical therapy visits between 3/22/09 and 4/11/09. Patient #10's file contained documented evide of physical therapy visits or attempted visits of 3/24/09, 3/25/09, 4/1/09, 4/3/09, 4/7/09, 4/9/09, 4/14/09, and 4/16/09. Patient #10's file lacked documented evidence a physician's order for physical therapy visits 4/14/09 and 4/16/09.	n 9, e of	Leadership, PAG and the Board of Directors. 5. Responsible Party: Professional Services Director 6. Anticipated date of completion: July 15, 2009	£/

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On 5/21/09. Patient #5's file documented twice

Patient #5's file lacked documented evidence of a

physician's order for a change in the plan of care.

weekly skilled nursing visits for three weeks

The agency admitted Patient #9 on 1/21/09. Patient #9's diagnoses included status post motor

before discharging the patient.

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10th.

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medical record. The clinician had

completed these two visits but they had not

Survey. The Physical Therapist will write a progress note to the physician to account

for the missed visits the w/o May 3rd - May

been received by the office on the date of

Bureau c	of Health Care Qualit	y & ComplicCe				- 1		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED 05/22/2009	
NVS538HHA				B. WING	. WING			
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE			
1701 W. C				HARLESTON BLVD., SUITE 150 AS, NV 89102				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	OULD BE COMPLETE	
H200	Continued From page 13 vehicle accident with bilateral ankle fractures, gait abnormality, and pregnancy.			H200	Continued from Page 13	3 H200 449.800		
					Patient # 10 Restitution was completed by notification of the physician of the delay in orders with the correct orders obtained.			
	On 5/22/09 in the morning, Patient #9's file lacked the following documented evidence for the certification period 3/22/09 to 5/20/09:				Patient # 14 Physician v any change in the plan o as appropriate.		:	
	A physical therapy evaluation ordered on 3/22/09 Physical therapy visits dated from 4/14/09 to 5/22/09				How will you identify of having the potential to same deficient practice action will be taken.	be affected by the		
	3. Physician orders for physical therapy visit frequency 4. A physical therapy discharge summary On 5/22/09 in the morning, during an interview, the Professional Services Director and clerical staff indicated the physical therapist responsible for the four items above would try to deliver the above documented evidence regarding physical therapy services.				Non-compliance with the potential to recur with the potential to recur with therefore, FHS will proactions for all staff to as with standards.	ith all patients; ceed with corrective		
					What measures will be what systematic change ensure that the deficien recur? Systematic changes wil	es will you make to t practice does not		
	clerical staff indicat	22/09 at 2:00 PM, during an interview, the al staff indicated the following when asked the above four items: "what you have is we have. There aren't any more copies."			a) Policy – The Physic in the Plan of Care previewed and update be distributed to all educational remedia	ian's Participation policy has been ed. The policy will clinicians for		
	Patient #9's file lacked documented evidence of a physician's order for a change in the plan of care.				• Attachment 6 – Phy in Plan of Care.	sician Participation		
	Patient #10's diagn	ed Patient #10 on 3/ noses included syster algia, pericardial dis	mic lupus		b) In-service to all clin 'Guideline for Conf Physician Orders an Changes in the Plan	ormance with and Notification of	J\$	
	Patient #10's file contained a physician's order for twice weekly physical therapy visits between 3/22/09 and 4/11/09.				 Attachment 6 - Guideline: Compliance with Physician Orders with Notification of Changes to the Plan of Care. c) All new employees will include in- 			
Patient #10's file contained documented evidence					service on 'The Phy			

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AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
NVS538HHA			STREET ADDRESS, CITY, STATE, ZIP CODE		STATE 7/D CODE	05/22/2009		
1701 W. C			CHARLESTON BLVD., SUITE 150 AS, NV 89102					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	N SHOULD BE COMPLETE DATE		
H200	Continued From page 14 of physical therapy visits or attempted visits on 3/24/09, 3/25/09, 4/1/09, 4/3/09, 4/7/09, 4/9/09, 4/14/09, and 4/16/09. Patient #10's file lacked documented evidence of a physician's order for physical therapy visits on 4/14/09 and 4/16/09. On 5/22/09 at 2:00 PM during an interview, the clerical staff indicated the following when asked about the above missing physician's order: "what you have is what we have. There aren't any mor copies." Patient #10's file lacked documented evidence of a physician's order for a change in the plan of care. The agency admitted Patient #12 on 4/25/09. Patient #12's diagnoses included pathological his fracture, total hip fracture, and bone/breast cancer. On 4/25/09, Patient #12's plan of care indicated twice weekly physical therapy visits between 5/3/09 and 5/16/09. Patient #12's file lacked documented evidence of physical therapy visits or a physician's order discontinuing them between 5/3/09 and 5/16/09. Patient #12's file lacked documented evidence of a physician's order discontinuing them between 5/3/09 and 5/16/09. Patient #12's file lacked documented evidence of a physician's order for a change in the plan of care.		4/9/09, vidence of visits on ew, the en asked der: "what any more vidence of plan of 25/09. logical hip east east east east east east east east	H200	Continued from Page 13 H2 Participation in the Plan and the 'Guideline for Cowith Physician Orders are of Changes in the Plan of Changes in the Plan of Changes to the Plan of the physician 4. How will the corrective action monitored to ensure the definition of the Physician of the regulatory audit of the Agency. • Attachment 6 – Regulatory audit of the Agency. • Attachment 6 – Regulatory audit of the Plan of the regulatory audit of the Agency. • Attachment 6 – Regulatory audit of the Agency. • Attachment 6 – Regulatory audit of the Plan of the regulatory audit of the Agency. • Attachment 6 – Regulatory audit of the Plan of the Pla	of Care' policy, onformance and Notification of Care'. The Compliance ith Notification of Care. It of clinical ompleted by and document with notification on be decient practice by assurance of the Projected o		
	The agency admitted Patient #14 on 5/8/09. Patient #14's diagnoses included antepartum diabetes and asthma.				*********	*****		

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On 5/8/09, Patient #14's plan of care indicated

PRINTED: 06/08/2009 **FORM APPROVED** Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING **B. WING** NVS538HHA 05/22/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1701 W. CHARLESTON BLVD., SUITE 150 **FAMILY HEALTHCARE SERVICES** LAS VEGAS, NV 89102 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) H200 H200 Continued From page 15 twice weekly skilled nursing visits for the week of 5/10/09. Patient #14's file contained documented evidence of one skilled nurse visit dated 5/13/09. Patient #14's file lacked documented evidence of a second skilled nursing visit or a physician's order discontinuing it between 5/10/09 and 5/16/09. Patient #14's file lacked documented evidence of a physician's order for a change in the plan of Severity: 2 Scope: 2

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